

964

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

4357

CERTIFICATE OF DEATH

14 DEATH 77 8 IDENCE 6	BIRTH NO.		REGISTRAR'S NO. 7		
	1. PLACE OF DEATH A. COUNTY <u>Yavapai</u>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE <u>Ariz</u> B. COUNTY <u>Yavapai</u>		
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE TOWN) <u>Seligman</u>		C. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE TOWN) <u>Seligman</u>		
	D. FULL NAME OF HOSPITAL OR INSTITUTION		D. STREET ADDRESS (IF RURAL, GIVE LOCATION)		
NT 3 3 3 100 3 849	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) <u>Jim</u> B. (MIDDLE) <u>—</u> C. (LAST) <u>Mahony</u>		4. SEX <u>M</u> 5. COLOR OR RACE <u>Indian</u>		
	6. MARRIED - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <u>1</u> DAY <u>20</u> YEAR <u>1920</u>		
	8. AGE YEARS <u>29</u> MONTHS <u>—</u> DAYS <u>—</u>		9A. USUAL OCCUPATION (THE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED) <u>MS (part) Pensmine</u>		
	9B. KIND OF BUSI-NESS OR INDUSTRY <u>Pensmine</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Seligman Yavapai</u>		
H 18) 10	11. CITIZEN OF WHAT COUNTRY? <u>Unknown</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)		
	13A. FATHER'S NAME <u>Unknown</u>		13B. BIRTHPLACE (STATE OR COUNTRY)		
	14A. FATHER'S NAME <u>Unknown</u>		14B. BIRTHPLACE (STATE OR COUNTRY)		
	15A. MOTHER'S MAIDEN NAME <u>Unknown</u>		15B. BIRTHPLACE (STATE OR COUNTRY)		
ONS, SY H O IAL ICE AL NER'S TION	16. INFORMANT'S SIGNATURE <u>Ed Fielding</u>		17. DATE OF DEATH (MONTH) <u>Aug</u> (DAY) <u>6</u> (YEAR) <u>1949</u>		
	18. CAUSE OF DEATH (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).) *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sclerosis</u> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) <u>—</u> RISING THE UNDERLYING CAUSE LAST. DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Inanition</u>		
	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
AL OR AR	21A. ACCIDENT (SPECIFY) <u>SUICIDE</u>		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		
	21C. (CITY OR TOWN) (COUNTY) (STATE)				
	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY		21E. INJURY OCCURRED WHILE <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
	21F. HOW DID INJURY OCCUR?				
22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Aug 4</u> 19 <u>49</u> TO <u>Aug 6</u> 19 <u>49</u> . THAT I LAST SAW THE DECEASED ALIVE ON <u>Aug 4</u> 19 <u>49</u> . AND THAT DEATH OCCURRED AT <u>—</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.					
23A. SIGNATURE <u>Ed Fielding</u> (DEGREE OR TITLE)		23B. ADDRESS <u>Seligman</u>		23C. DATE SIGNED <u>8-6-49</u>	
24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <u>Aug 10-49</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Seligman Cemetery</u>	
24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Yavapai-Ariz</u>		25A. DATE REC'D BY LOCAL REG. <u>Aug 10-49</u>		25B. REGISTRAR'S SIGNATURE <u>Wanda L. Connor</u>	
25C. FUNERAL DIRECTOR'S SIGNATURE <u>Wanda L. Connor</u>		25D. ADDRESS <u>Box 974, Rock Springs No. 265-A</u>			